Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	8-5-2-014	Street:	3600 block of N Nebo Rd	
Incident #:	14ISPC006578	Apt, Lot, Room #:		
County:	Delaware Co	City:	Muncie IN 47304	
Type of Laboratory Seizure (check one) Sei		Seizure Location	eizure Location (check all that apply)	
☑ Lab Seizure☐ Chemical Seizure☐ Equipment Seizure☐ Dumpsite Seizure		Residence Outbuilding Vehicle Other:	Business	
Apt., hotel, multi-family dwelling: Shared HVAC: Yes No Unknown				
Items Found	: Location (bedroom, kitchen, open air, e	tc) (check all that a	pply)	
 ☑ One Pot or Birch Reaction(s): <u>Trash</u> ☐ Red Phosphorous/Iodine Reaction(s): ☐ Hydrochloric Acid Gas Generator(s): <u>Trash</u> ☑ Flammable Solvents: <u>Trash</u> ☑ Water Reactive Metal (Lithium): <u>Trash</u> 		Corros	 ☐ Anhydrous Ammonia: ☐ Corrosive Acid: <u>Trash</u> ☐ Corrosive Base: <u>Trash</u> ☐ Ammonium Nitrate/Sulfate: ☐ Other (item and location): 	
Child under age 18 discovered (check appropriate)				
No	(number present) not present but evidence they reside	unclean unclean Estimated occurring:	length of time manufacturing had been	
Vehicle, Travel Trailer, RV or Watercraft Information:				
Owner: VIN: Year:		Make: Model: Color:		
This report l	has been faxed* or emailed to the fol	lowing agencies	that serve the location:	
Fire Department: Muncie FD Health Department County: Delaware Co HD Department of Child Services Hotline: dcshotlinereport		Fax: <u>(76</u>	Fax: 765-747-4870 Fax: (765) 747-7747 ts@dcs.in.gov Fax: 317-234-7595 or 317-234-7596	
	ormation regarding this methamphetam Officer: Richard Clay Phone	nine laboratory, c 2 765-778-2121	ontact	
*This form is to b	e faxed to the Fire Department, Health Depart	ment and/or Departn	nent of Child Services listed within 24 hours of	

scene processing.